4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	A. TRANSMITTAL NUMBER;	2. STATE:	
TRANSMITTAL AND NOTICE OF APPROVAL OF	S. P. 3. 8.4	Delaware	
STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		
TO: PECIONAL ADMINISTRATOR	TO A STANDARD CONTROL OF TAXABLE STANDARD STANDA	Combined or Salvey	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE	•	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	February 1 . 2001	a ann naut a deas - 15 a st	
5. TYPE OF PLAN MATERIAL (Check One):			
□ NEW STATE PLAN □ AMENDMENT TO BE CO	भुभाग हर । उपलब्ध रिकारको कार्याक मध्य १००० मध्य	whilely and the second	
	The state of the s	MENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate Transmittal for each am	endment)	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:		
acimie yeumlaberedan	a. FFY 2001 \$1.5	million	
O DACE MUMBED OF THE DUAN OF STRONG OF ATTACHMENT			
ttachment 2.2A, Page 18, Item B. (9)	A tota & HACH WENT & Applicables	1800 Trends	
Supplement 6 to Attachment 2.6-A	Supplement 6 to Attach	Elifornist (Cittle Signal)	
Supplement 8b to Attachment 2.6-A, Page 1	Supplement 8b to Attac		
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	(a) Transfortisina i urasic metti tushar savus	Note to the Mark Addition of the second of the control of the co	
10. SUBJECT OF AMENDMENT: Delaware Medicaid is	20 000 0000 0000 0000 0000 0000 00000 0000	TO DESCRIPTION	
overage for a new optional categorically	needy Medicaid nonulation	n group	
his group will be limited to individuals	who lose SSI due to rece	int of Social	
ecurity Disability and are not yet eligit	ble for Medicare.	paskt terminal	
11. GOVERNOR'S REVIEW (Check One):			
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	☐ OTHER, AS SPECIFIED:		
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Governor's comments	to follow	
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	by separate corres		
A DIVINITION OF THE ADENOV OFFICE	in the management of the st.		
DAN DOWN	16. RETURN TO:		
13. TYPED NAME:	Elaine Archangelo	**	
Elaine Archangelo, Director, DSS	Director		
14. TITLE: Designee for Gregg C. Sylvester,	Division of Social Servi P.O. Box 906	ces	
D, Secretary, Dept. of Health and Social	New Castle, DE 19720-090	6	
15. DATE SUBMITTED: Services	Name of the second seco		
12/19/05			
FOR REGIONAL OF			
17. DATE RECEIVED: 1.2 Property of the property of the party of the pa	BEATERS EXPENSE AT THE SERVE	e sa Tarribat 1. o Far	
	7.00 (10 to 10 to	The second second	
19. EFFECTIVE DATE OF ARRECVED WATERIAL:			
PES 0 1 2000	20 Tales U.S. U.E. OF TERESON AS CAROLINA.		
		Daniel Brand Landell	
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CHIBETTE V: CAMPIBELL	Livisian of Medican # 14 M	M (New HERM	
23. REMARKS:	and PS Promo contains a should en	eres estamas inch	
		tour throat the below the	
Branch and Carlot			
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NEW PLAN

Revision:	HCFA-PM-91-4	(BPD)	ATT ACHMENT 2.2-A Page ±8 OME NO.: 0938	
	State:	DELAWARE	•	
Agency*	Citation(s)		Groups Covered	
	C.	Optional Group (Continued)	os Other Than the Meascally Needy	
		(4)	Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.	
		(5)	Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.	
		(6)	Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.	
		(7)	Individuals receiving federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.	
		(8)	Individuals receiving a State administered optiona: State supplement that meets the conditions specified in 42 CFR 435.230.	
		<u>X</u> (9)	Individuals in additional classifications approved by the Secretary as follows:	
			Individuals who lose SSI due to receipt of Social Security Disability and are not yet eligible for Medicare.	
TN No.		Approv	al Date APR 1 7 2001	
Supers TN. No	edes b. <u>SP-300</u>	Effective Date Februar, 1, 2001		
			HCFA ID: 7983E	

NEW PLAN

Revision:

HCFA-AT-85-3

FEBRUARY 1985

SUPPLEMENT 6 TO **ATTACHMENT 2.6-A**

State	DELAWARE

Standards for Optional State Supplementary Payments

		<u> </u>	INCOME			LEVELS	
PAYMENT CATEGORY (REASONABLE CLASSIFICATION)	FEDERAL	STATE	GROSS 1 Person	Couple	NET	Couple	INCOME DISREGARDS EMPLOYED
(1)	(2)		(3)	Обиров	(4)		(5)
Individuals Residing in Adult Foster Care Homes	х		\$\$1 + \$140 + \$20		SSI + \$140		Disregards According to the SSI Program
Individuals Who Lose SSI Due to Receipt of Social Security Disability and Are Not Yet Eligible for Medicare		Х	\$5.00		\$5.00		All Income is Excluded

TN No. <u>SP-384</u> Supersedes	Approval Date APR 1 7 2001		
TN. No. <u>SP-326</u>	Effective Date February 1, 2001		

NEW PLAN

Revision:

HCFA-PM-91-4

AUGUST 1991

(BPD)

Supplement 8b to ATTACHMENT 2.6 - A

Page 1

OMB No.:

0938 -

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

MORE LIBERAL METHODS OF TREATING RESOURCES UNDER SECTION 1902 (r) (2) OF THE ACT

// Section 1902 (f) State

/ X / Non-Section 1902 (f) State

Delaware will disregard all resources for pregnant women and qualified children covered under Section 1902 (a) (10) (A) (i) (III) and 1905 (r) of the Social Security Act.

The following are more liberal resource requirements than SSI for determining eligibility of individuals as Qualified Medicare beneficiaries, Specified Low Income Medicare Beneficiaries, Qualifying Disabled and Working Individuals, Qualifying Individuals-1. Qualifying Individuals-2 and as individuals under the provisions of 42 CFR 435.211 amd 435.231:

All resources of the applicant and spouse of the applicant are excluded for QMB, SLMB, QDWI, QI-1 and QI-2 cases.

The following are more liberal resource requirements than SSI for determining eligibility of individuals known as the Medical Assistance during Transition to Medicare (MAT) group. individuals who lose SSI due to receipt of Social Security Disability and are not yet eligible for Medicare and as individuals under the provisions of 42 CFR 435.239. 2

All resources of the applicant and spouse of the applicant are excluded for MAT cases.

TN No. SP-384

Supersedes

TN. No. SP-380

Approval Date APR 1 7 2001

Effective Date February 1, 2001